

XIII. Other Health Services

Other ambulatory health services consist of primary, specialty, and supportive medical services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. The term ambulatory care implies that patients must travel to a location outside the home to receive services that do not require an overnight hospital stay. This chapter describes several organizations which provide ambulatory care in Mississippi. In addition, the chapter discusses home health services in Mississippi.

Community Health Centers

Community Health Centers (CHCs) are private, non-profit community-based health care organizations established to provide preventive and primary health care services to people who face significant access barriers to the health care system. The centers receive federal grant funds from the Department of Health and Human Services under Section 330 of the Public Health Service Act. This federal support subsidizes the cost of care for indigent and uninsured individuals and covers the cost of non-reimbursable services such as preventive care and health education. The overall health status and special health needs of the CHC service area population determine the federal funding level. A community-based governing body provides direction and grant fund accountability for each CHC.

Community Health Centers provide access to medical care for residents who are plagued by a shortage of medical services, financial restrictions, and other social or economic barriers. The centers coordinate federal, state, and local resources to effectively deliver health care services in rural and underserved areas and provide a true health care "safety net" for the medically disadvantaged.

CHC staff include primary care physicians, dentists, nurse practitioners, physician assistants, and other health care providers. The centers provide comprehensive health services, including medical, dental, radiology, pharmacy, nutrition, health education, social services, and transportation. The CHC program began in 1965 and developed into a national network of more than 1,029 primary health care centers in 3,600 different locations serving approximately 15 million poor and underserved individuals in the United States. For millions of disadvantaged Americans, community health centers are increasingly becoming the only source of affordable care.

CHCs meet a great need in Mississippi. The increase in the number of families living in poverty, without health insurance, and the number of elderly Mississippians unable to afford the high cost of medical care makes the centers extremely valuable to the communities they serve. The past decade brought much progress in the publicly supported health care system as CHCs spread across the state. Mississippi now has 22 Community Health Centers and 106 satellite clinics. Nineteen centers operate in rural areas, and three are located in urban areas. Five centers operate mobile units.

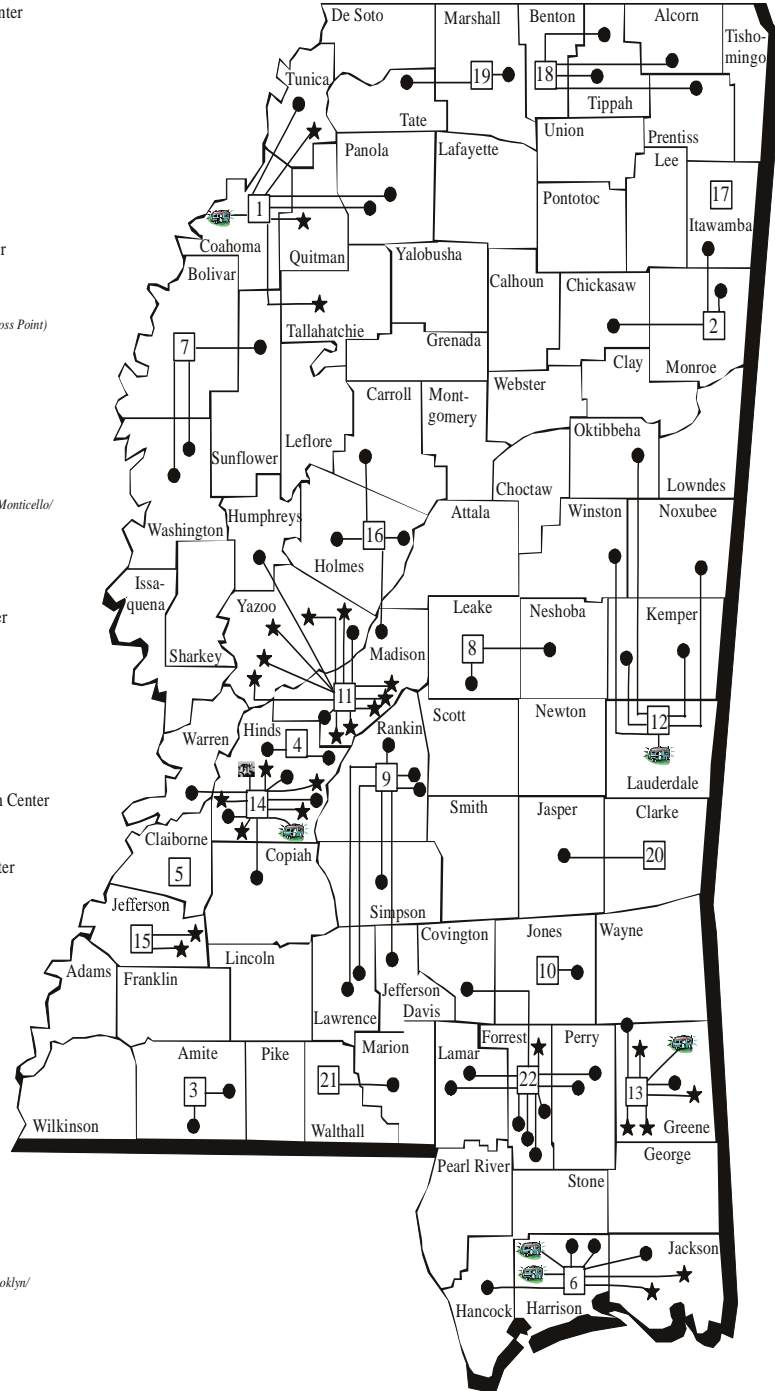
Map XIII-1 shows the location of the community health centers and satellite clinics. During calendar year 2004, these centers provided services to more than 304,677 Mississippi citizens and recorded more than 1,012,273 patient visits.

Map XIII - 1

Mississippi Community Health Centers (Section 330)

Main Sites and Satellite Locations

1. Aaron E. Henry Community Health Center
(Clarksdale/Tunica/Marks/Batesville/Como/Sumner)
2. ACCESS Family Health Services, Inc.
(Smithville/Houlka/Tremont)
3. Amite County Medical Services, Inc.
(Liberty/Gloster)
4. Central Mississippi Health Services
(Jackson/Tougaloo)
5. Claiborne County Family Health Center
(Port Gibson)
6. Coastal Family Health Center
(Biloxi/Gulfport/Saucier/Vancleave/Bay St. Louis/Moss Point)
7. Delta Health Center
(Mound Bayou/Greenville/Moorhead)
8. East Central MS Health Care
(Sebastopol/Walnut Grove/Philadelphia)
9. Family Health Care Clinic
(Brandon/Pelahatchie/Pearl/Prentiss/Mendenhall/ Monticello/
New Hebron/Flowood)
10. Family Health Center
(Laurel/Sandersville)
11. G. A. Carmichael Family Health Center
(Canton/Belzoni/Yazoo City)
12. Greater Meridian Health Clinic
(DeKalb/Louisville/Scooba/Starkville)
13. Greene Area Medical Extenders
(Leakesville/State Line/McLain/Richton)
14. Jackson-Hinds Comprehensive Health Center
(Jackson/Utica/Vicksburg/Hazelhurst)
15. Jefferson Comprehensive Health Center
(Fayette)
16. Mallory Community Health Center
(Lexington/Tchula/Vaiden/Durant/Canton)
17. Mantachie Clinic
(Mantachie/Marietta)
18. North Benton County Health Care
(Ashland/Walnut/Ripley/Booneville)
19. Northeast MS Health Care
(Byhalia/Mt. Pleasant/Cold Water)
20. Outreach Health Services
(Shubuta/Heidelberg)
21. SHARP Family Care Center
(Tylertown/Columbia)
22. Southeast MS Rural Health Initiative
(Hattiesburg/Seminary/Sunrall/New Augusta/Brooklyn/
Lumberton/Beaumont)



	Main Site		Satellite Clinic		School-Based Clinic		Homeless Clinic		Mobile Unit
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Hospital Outpatient Services

Seventy-two Mississippi hospitals reported having organized outpatient services during Fiscal Year 2004. Table XIII-1 shows the number of hospital outpatient departments and outpatient visits in the state by general hospital service area.

During FY 2004 there were 1,667,207 visits to hospital emergency rooms and an additional 2,486,071 visits to hospital outpatient clinics, for a total of 4,153,278 visits. This statistic represents an increase over 2003's total of 3,933,574 visits to hospital emergency rooms and outpatient clinics.

Table XIII-1
**Selected Data for Hospital-Based or Affiliated Outpatient Clinics
 by General Hospital Service Area**
 FY 2004

General Hospital Service Area	Number with Emergency Departments	Number of Emergency Room Visits	Number of Hospitals with Organized Outpatient Departments	Number of Outpatient Clinic Visits	Total Outpatient Visits
Mississippi	88	1,667,207	72	2,486,071	4,153,278
1	22	353,638	19	547,912	901,550
2	13	205,165	9	443,142	648,307
3	22	429,742	17	501,737	931,479
4	7	106,665	6	119,885	226,550
5	7	89,997	6	71,175	161,172
6	7	219,328	6	231,940	451,268
7	10	262,672	9	570,280	832,952

Source: Applications for Renewal of Hospital License for Calendar Year 2005 and FY 2004 Annual Hospital Report

Ambulatory Surgery Services

In 1977, the federal government established reimbursement policies with ambulatory surgery incentives. Insurance companies also realized the potential for savings in using outpatient services and began to encourage ambulatory surgery. The number of freestanding ambulatory surgery centers grew rapidly as a result of these factors.

However, more hospitals began to establish ambulatory surgery facilities, and subsequent changes in reimbursement methods favored hospitals. Consequently, the growth of freestanding facilities slowed, and the number of ambulatory surgeries performed in hospital-based facilities increased.

Through its licensure program, Mississippi attempts to ensure that ambulatory surgery providers are capable of giving quality health care. Providers must comply with quality assurance requirements and allow on-site inspections by the state's licensing authority. In addition, ambulatory surgery centers participating in the Medicare program must meet federal quality assurance standards.

Present Status

During FY 2004, 69 of the state's 96 medical/surgical hospitals reported a total of 264,870 general surgical procedures. This number included 142,816 ambulatory surgeries, a slight increase of 0.38 percent over the 142,288 ambulatory surgeries performed in hospitals during 2003. The percentage of surgeries performed on an outpatient basis in hospitals has risen from 6.6 percent in 1981 to 53.9 percent in 2004. Table XIII-2 displays by general hospital service area the number of total surgeries performed in hospitals, the number of ambulatory surgeries performed in hospitals, the number of operating rooms, and the average number of procedures per day per operating room.

Mississippi licenses 24 freestanding ambulatory surgery facilities. Table XIII-3 shows, by county, the distribution of facilities, the number of ambulatory surgeries performed in the freestanding facilities, the number of operating rooms/suites, and the average number of surgical procedures per day per operating room. The 24 freestanding ambulatory surgical facilities reported 96,752 procedures during calendar year 2004, a 20.8 percent increase in the 80,077 procedures performed in these facilities during 2003.

In 2004, total outpatient surgeries (hospitals and freestanding facilities combined) comprised 66.2 percent of all surgeries performed in the state, compared to 64.4 percent in 2003. The total number of outpatient surgeries increased slightly from 222,365 in 2003 to 239,568 in 2004. Forty percent of all the ambulatory surgeries performed in 2004 took place in freestanding facilities, compared to 36 percent in 2003. The number of procedures performed in freestanding facilities was 26.76 percent of total surgeries in 2004 and 23.21 percent in 2003.

In 2004, there were 380 operating suites located in the state's general acute care hospitals and 86 operating suites in the freestanding facilities. The average usage rate of operating suites in hospitals decreased from 2.90 procedures per day in 2003 to 2.79 procedures per day in 2004. For freestanding facilities, the average usage rate increased from 3.95 procedures per day in 2003 to 4.50 procedures in 2004. **Note:** These usage rates are based on 250 working days per year (five days per week for 50 weeks).

Table XIII-2
Selected Hospital Affiliated Ambulatory Surgery Data by General Hospital Service Area
FY 2004

State / General Hospital Service Area	Total Number of Surgeries	Number of Hospitals	Number of Ambulatory Surgeries	Ambulatory Surgeries / Total Surgeries (Percent of)	Number of Operating Rooms / Suites	Average¹ Number of Surgical Procedures per Day / Suite
Mississippi	264,870	71	142,816	53.9	380	2.79
1	50,808	16	26,893	52.9	73	2.78
2	26,612	8	16,659	62.6	46	2.31
3	85,441	18	43,590	51.0	120	2.85
4	22,157	7	14,027	63.3	35	2.53
5	10,367	6	6,693	64.6	16	2.59
6	23,356	6	10,904	46.7	36	2.60
7	46,129	10	24,050	52.1	54	3.42

¹Based on 250 working days per year

Source: Applications for Renewal of Hospital License for Calendar Year 2005 and FY 2004 Annual Hospital Report

Table XIII-3
Selected Freestanding Ambulatory Surgery Data by County
CY 2004

State/County (General Hospital Service Area)	Number of Freestanding Ambulatory Surgery Centers	Number of Ambulatory Surgeries Performed	Number of Operating Rooms/Suites	Number¹ of Surgical Procedures Per Day/O.R. Suite
Mississippi	24	96,752	86	4.50
Alcorn (1)	1	3,686	4	3.69
Lafayette (1)	1	2,679	3	3.57
Lee (1)	1	5,704	6	3.80
DeSoto (2)	1	2,092	2	4.18
Hinds (3)	4	20,167	18	4.48
Rankin (3)	1	4,364	4	4.36
Pike (5)	1	2,858	3	3.81
Forrest (6)	5	20,317	20	4.06
Jones (6)	1	1,665	2	3.33
Harrison (7)	5	20,154	15	5.37
Jackson (7)	3	13,066	9	5.81

¹Based on 250 working days per year

Source: Survey of individual ambulatory surgery centers conducted April 2005

**Certificate of Need
Criteria and Standards
for
Ambulatory Surgery Services**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

Policy Statement Regarding Certificate of Need Applications for Ambulatory Surgery Services

1. Ambulatory Surgery Planning Areas (ASPAs): The Mississippi Department of Health (MDH) shall use the ASPAs as outlined on Map XIII-2 of this *Plan* for planning and Certificate of Need (CON) decisions. The need for ambulatory surgery facilities in any given ASPA shall be calculated independently of all other ASPAs.
2. Ambulatory Surgery Facility Service Areas: An applicant's Ambulatory Surgery Facility Service Area must have a population base of approximately 60,000 within 30 minutes normal driving time or 25 miles, whichever is greater, of the proposed/established facility. **Note:** Licensure standards require a freestanding facility to be within 15 minutes traveling time of an acute care hospital and a transfer agreement with said hospital must be in place before a CON may be issued. Additionally, the ambulatory surgery facility service area must have a stable or increasing population.
3. Definitions: The Glossary of this *Plan* includes the definitions in the state statute regarding ambulatory surgery services.
4. Surgeries Offered: The MDH shall not approve single service ambulatory surgery centers. Only multi-specialty ambulatory surgery center proposals may be approved for a CON.
5. Minimum Surgical Operations: The minimum of 1,000 surgeries required to determine need is based on five (5) surgeries per operating room per day x 5 days per week x 50 weeks per year x 80 percent utilization rate.
6. Present Utilization of Ambulatory Surgery Services: The MDH shall consider the utilization of existing services and the presence of valid CONs for services within a given ASPA when reviewing CON applications.
7. Optimum Capacity: The optimum capacity of an ambulatory surgery facility is 800 surgeries per operating room per year. The MDH shall not issue a CON for the establishment or expansion of an additional facility(ies) unless the existing facilities within the ASPA have performed in aggregate at least 800 surgeries per operating room per year for the most recent 12-month reporting period, as reflected in data supplied to and/or verified by the MDH. The MDH may collect additional information it deems essential to render a decision regarding any application. Optimum capacity is based on four (4) surgeries per operating room per day x 5 days per week x 50 weeks per year x 80 percent utilization rate.
8. Conversion of Existing Service: Applications proposing the conversion of existing inpatient capacity to hospital-affiliated ambulatory surgical facilities located within the hospital shall receive approval preference over detached or freestanding ambulatory surgical facilities if the applicant can show that such conversion is less costly than new construction and if the application substantially meets other adopted criteria.
9. Construction/Expansion of Facility: Any applicant proposing to construct a new facility or major renovation to provide ambulatory surgery must propose to build/renovate no fewer than two operating rooms.
10. Indigent/Charity Care: The applicant shall be required to provide a “reasonable amount” of indigent/charity care as described in Chapter I of this *Plan*.

Certificate of Need Criteria and Standards for Ambulatory Surgery Services

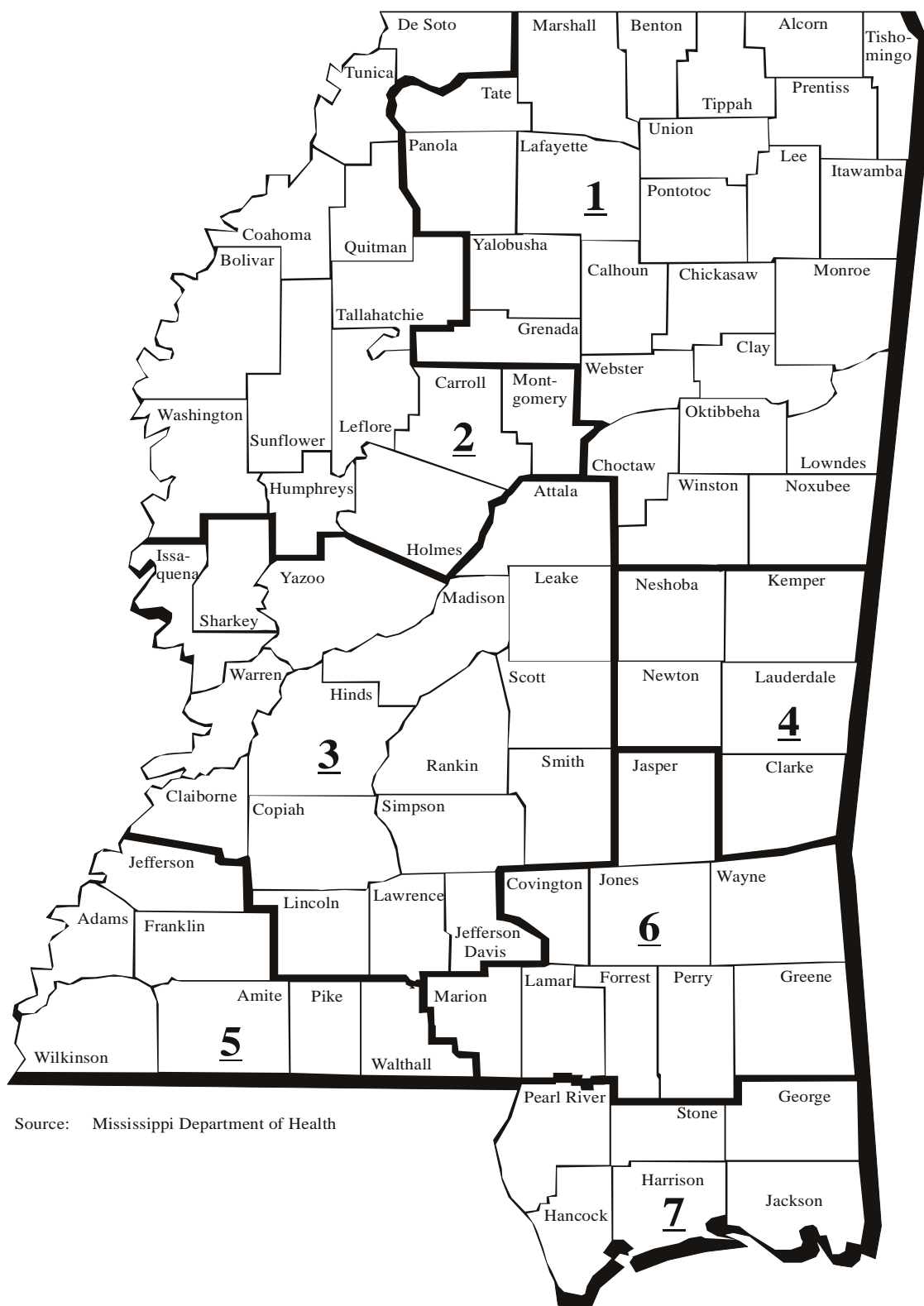
The MDH will review applications for a CON for new ambulatory surgery facilities, as defined in Mississippi law, under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972 Annotated, as amended. The MDH will also review applications submitted for Certificate of Need in accordance with the rules and regulations in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

The offering of ambulatory surgery services is reviewable if the proposed provider has not provided those services on a regular basis within twelve (12) months prior to the time such services would be offered. In addition, ambulatory surgery services require CON review when the establishment or expansion of the services involve a capital expenditure in excess of \$2,000,000.

1. **Need Criterion: The applicant shall demonstrate that the proposed ambulatory surgery facility shall perform a minimum average of 1,000 surgeries per operating room per year.**
2. The applicant must document that the proposed Ambulatory Surgery Facility Service Area has a population base of approximately 60,000 within 30 minutes travel time.
3. An applicant proposing to offer ambulatory surgery services shall document that the existing facilities in the ambulatory surgery planning area have been utilized for a minimum of 800 surgeries per operating room per year for the most recent 12-month reporting period as reflected in data supplied to and/or verified by the Mississippi Department of Health. The MDH may collect additional information it deems essential to render a decision regarding any application.
4. The applicant must document that the proposed program shall provide a full range of surgical services in general surgery.
5. The applicant must provide documentation that the facility will be economically viable within two years of initiation.
6. The proposed facility must show support from the local physicians who will be expected to utilize the facility.
7. Medical staff of the facility must live within a 25-mile radius of the facility.
8. The proposed facility must have a formal agreement with a full service hospital to provide services which are required beyond the scope of the ambulatory surgical facility's programs. The facility must also have a formal process for providing follow-up services to the patients (e.g., home health care, outpatient services) through proper coordination mechanisms.
9. Indigent/Charity Care: The applicant shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care by stating the amount of indigent/charity care the applicant intends to provide.

Map XIII - 2

Ambulatory Surgery Planning Areas



Source: Mississippi Department of Health

Home Health Care

Home health care describes health services and personal care rendered to an individual in the home. Properly administered, home health care may reduce the length of hospital stays and may delay or preclude entry into a nursing home. With Medicare and other payors limiting reimbursement for inpatient care, hospitals routinely discharge patients earlier than in past years, resulting in a greater demand for home health care and an expansion of the type of care that home health agencies deliver. These agencies now provide high technology services such as intravenous therapy, hyperalimentation, and oncology chemotherapy in addition to more traditional services such as skilled nursing.

Mississippi licensure regulations define a home health agency as: "a public or privately owned agency or organization, or a subdivision of such an agency or organization, properly authorized to conduct business in Mississippi, which is primarily engaged in providing to individuals at the written direction of a licensed physician, in the individual's place of residence, skilled nursing services provided by or under the supervision of a registered nurse licensed to practice in Mississippi, and one or more of the following additional services or items:

1. physical, occupational, or speech therapy
2. medical social services
3. home health aide services
4. other services as approved by the licensing agency
5. medical supplies, other than drugs and biologicals, and the use of medical appliances
6. medical services provided by a resident in training at a hospital under a teaching program of such hospital."

All skilled nursing services and the services listed in items a. through d. must be provided directly by the licensed home health agency. For the purposes of this *Plan*, "directly" means either through an agency employee or by an arrangement with another individual not defined as a health care facility in Section 41-7-173 (h), Mississippi Code 1972, as amended. The requirements of this paragraph do not apply to health care facilities which had contracts for the above services with a home health agency on January 1, 1990.

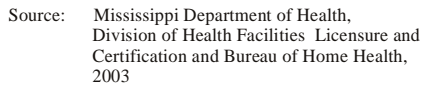
Existing Situation

Mississippi's *2003 Report on Home Health Agencies* (the latest available) indicated that 59,769 Mississippians received home health services during the year, a increase of one patient, from the 59,768 patients served in 2002. There were 2,271,976 home health care visits made in 2003. Each patient (all payor sources) received an average of 38 visits, compared to 39 visits in 2002, for a decrease of one visit per patient.

Mississippi has 19 hospital-based home health agencies and 32 freestanding agencies. One additional agency located in Memphis is licensed to serve patients in selected Mississippi counties. The MDH operates 14 regional home health agencies

Map XIII-3 shows the central office locations, by type, of all home health agencies in Mississippi — hospital-based, freestanding, and Department of Health agencies.

Location of Home Health Agencies



**Certificate of Need
Criteria and Standards
for
Home Health Agencies/Services**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

**Policy Statement Regarding Certificate of Need Applications
for the Establishment of a Home Health Agency
and/or the Offering of Home Health Services**

1. Service Areas: The need for home health agencies/services shall be determined on a county by county basis.
2. Determination of Need: A possible need for home health services may exist in a county if for the most recent calendar year available that county had fewer home health care visits per 1,000 elderly (65+) population than the average number of visits received per 1,000 elderly (65+) in the "ten-state region" consisting of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.
3. Unmet Need: If it is determined that an unmet need exists in a given county, the unmet need must be equivalent to 50 patients in each county proposed to be served. Based on 2003 data 1,700 visits approximates 50 patients.
4. All CON applications for the establishment of a home health agency and/or the offering of home health services shall be considered substantive and will be reviewed accordingly.

**Certificate of Need Criteria and Standards
for the Establishment of a Home Health Agency and/or
the Offering of Home Health Services**

If the present moratorium were removed or partially lifted, the MDH would review applications for a CON for the establishment of a home health agency and/or the offering of home health services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications submitted for CON according to the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the MDH; and the specific criteria and standards listed below.

The development or otherwise establishment of a home health agency requires CON. The offering of home health services is reviewable if the proposed provider has not provided those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered.

1. **Need Criterion: The applicant shall document that a possible need for home health services exists in each county proposed to be served using the methodology contained in this section of the *Plan*.**
2. The applicant shall state the boundaries of the proposed home health service area in the application.
3. The applicant shall document that each county proposed to be served has an unmet need equal to 50 patients, using a ratio of **1,700 patient visits equals 50 patients**.
4. The applicant shall document that the home office of a new home health agency shall be located in a county included in the approved service area of the new agency. An existing agency receiving CON approval for the expansion of services may establish a sub-unit or branch office if such meets all licensing requirements of the Division of Licensure.
5. The application shall document the following for each county to be served:

- a. Letters of intent from physicians who will utilize the proposed services.
- b. Information indicating the types of cases physicians would refer to the proposed agency and the projected number of cases by category expected to be served each month for the initial year of operation.
- c. Information from physicians who will utilize the proposed service indicating the number and type of referrals to existing agencies over the previous 12 months.
- d. Evidence that patients or providers in the area proposed to be served have attempted to find services and have not been able to secure such services.
- e. Projected operating statements for the first three years, including:
 - i. total cost per licensed unit;
 - ii. average cost per visit by category of visit; and
 - iii. average cost per patient based on the average number of visits per patient.
- f. Information concerning whether proposed agencies would provide services different from those available from existing agencies.

Statistical Need Methodology for Home Health Services

The methodology used to calculate the average number of visits per 1,000 elderly (65+) in the 10-state region is:

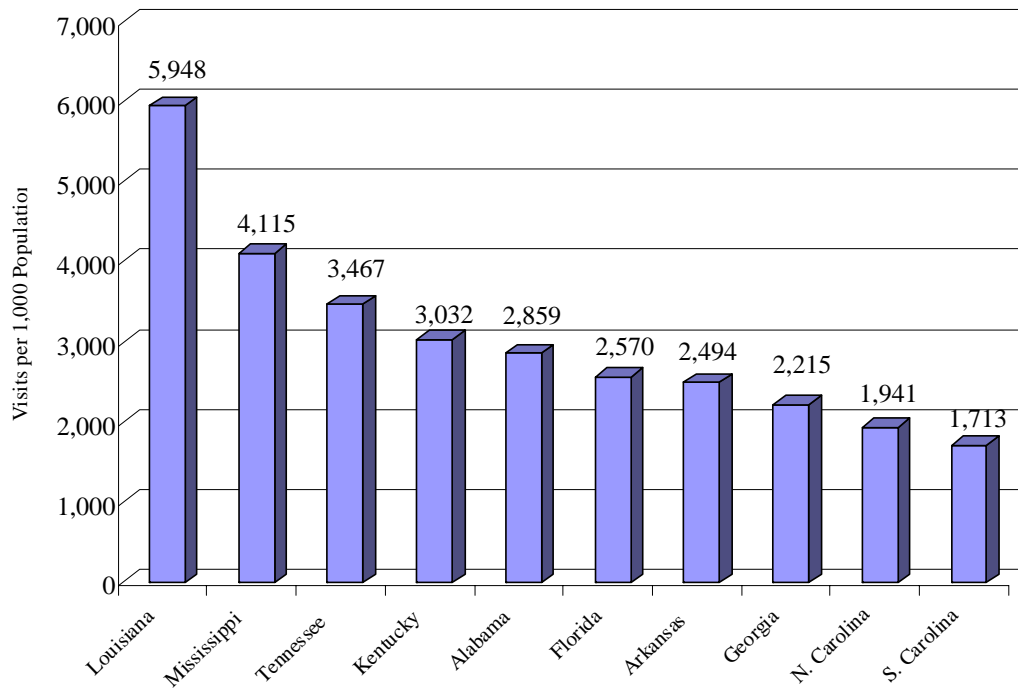
1. The 10-state region consists of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.
2. The 2005 population aged 65 and older are estimates from each state.
3. Table XIII-4 shows the average number of Medicare paid home health visits per 1,000 elderly (65+) for the 10-state region, according to 2003 data from Palmetto GBA - Medicare Statistical Analysis Department of the Centers for Medicare and Medicaid Services. Figure XIII-1 shows the total number of Medicare paid home health visits per 1,000 elderly in the 10-state region.
4. In 2003, the region average of home health visits per 1,000 population aged 65 and older was 2,813. An average patient in the region received 34 home health visits. Therefore 1,700 visits equal 50 patients. **Note:** The Mississippi average for 2003 was 4,115 visits (Medicare reimbursed) per 1,000 population aged 65 and older, and an average patient received 39 visits.

Table XIII-4
Medicare Home Health Statistics
In the Ten-State Region
January 1, 2003 – December 31, 2003

	2005 Population 65+	2003 Total Medicare- Paid Home Health Visits	Medicare-Paid Home Health Visits per 1,000 Population 65+	Total Medicare Reimbursement	Total Medicare Home Health Patients	Average Reimbursement per Patient	Average Visits per Patient
Region Total	8,592,000	24,168,141	2,813	\$2,838,555,453	720,889	\$3,938	34
Alabama	613,000	1,752,529	2,859	\$202,507,885	51,224	\$3,953	34
Arkansas	402,000	1,002,612	2,494	\$94,622,326	27,352	\$3,459	37
Florida	2,911,000	7,480,886	2,570	\$880,926,056	240,147	\$3,668	31
Georgia	852,000	1,887,084	2,215	\$240,232,306	62,986	\$3,814	30
Kentucky	538,000	1,631,184	3,032	\$174,141,269	47,478	\$3,668	34
Louisiana	555,000	3,300,982	5,948	\$348,470,662	60,686	\$5,742	54
Mississippi	363,000	1,493,860	4,115	\$165,409,959	38,143	\$4,337	39
North Carolina	1,081,000	2,098,297	1,941	\$283,301,073	85,086	\$3,330	25
South Carolina	517,000	885,871	1,713	\$134,190,991	38,479	\$3,487	23
Tennessee	760,000	2,634,836	3,467	\$314,752,926	69,308	\$4,541	38

Source: Palmetto GBA – Medicare Statistical Analysis Department (04-20-05)

Figure XIII-1
Total Medicare Paid Home Health Visits Per 1,000 Population
Aged 65+ in the Ten-State Region
2003



Note: 2003 Average Home Health Visits per 1,000 Population Aged 65+ in the Ten-State Region is 2,813.

End Stage Renal Disease

End stage renal disease (ESRD) describes the loss of kidney function from chronic renal failure to the extent that the remaining kidney function will no longer sustain life. The kidney's function of filtering waste products from the blood and removing fluid and salts from the body is essential for life; consequently, if untreated, end stage renal disease results in death.

Treatment generally consists of either transplantation or dialysis consisting of peritoneal dialysis or hemodialysis. In peritoneal dialysis, the patient's own abdominal membrane is part of the "equipment". A dialyzing fluid is placed in the abdominal cavity through a plastic tube, and waste products (fluid and salts) exchange across the peritoneal membrane between the patient's blood and the dialyzing fluid. Hemodialysis is the process by which an artificial kidney machine "washes" metabolic waste products from the bloodstream and removes fluids and salts.

The kidney machine or peritoneal dialysis mimics the function normally done by the kidney. Dialysis can be done either by the patient and an assistant in the home, in a facility, or by professional staff in a hospital or limited care facility. Mississippi had 68 ESRD facilities providing maintenance dialysis services as of April 2005, and seven additional facilities CON-approved but not yet operational. Map XIII-4 shows the facility locations and Table XIII-5 shows the number of existing and CON approved ESRD facilities by county.

Kidney transplantation is the treatment of choice for most patients with end stage renal failure. Unfortunately, suitable kidneys will probably never be available in the number that would be required to treat everyone with this mode of therapy. In kidney transplantation, a healthy kidney is removed from a donor and placed into an ESRD patient. Donors for kidney transplantation may come either from a close relative, such as a sibling or parent, or from an emotionally connected donor, such as a spouse or close associate. Kidneys may also be obtained from cadaver donors who have the closest matching tissue type. Living donors are preferred because they function longer than cadaver kidneys – 30 years for a living donor versus 15 years for a cadaver kidney.

The University of Mississippi Medical Center has the only transplant program in the state and performed 26 cadaver transplants during the calendar year 2004. It is certified by membership in the United Network of Organ Sharing, a private agency under contract from the Health Care Financing Administration. Transplant results are comparable to those with transplant programs with similar population basis and can be viewed on the Internet under www.unos.net. An equal number of transplants in Mississippi residents are performed in neighboring states.

Table XIII-5
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
<u>Adams</u>	31
RCG of Natchez	31
<u>Alcorn</u>	19
RCG of Corinth	19
<u>Attala</u>	14
FMC - Kosciusko	14
<u>Bolivar</u>	31
RCG of Cleveland	31
<u>Claiborne</u>	10
Renex Dialysis Facility of Port Gibson - Port Gibson	10
<u>Clarke</u>	9
Pachuta Dialysis	9
<u>Coahoma</u>	40
RCG of Clarksdale	40
<u>Copiah</u>	27
FMC - Hazlehurst	10
RCG of Hazlehurst	17
<u>Covington</u>	21
Collins Dialysis Unit	21
<u>DeSoto</u>	14
RCG of Southaven	14
<u>Forrest</u>	37
Hattiesburg Clinic Dialysis Unit	37
<u>Franklin</u>	4
Magnolia Dialysis	4
<u>George</u>	12
Gambro Healthcare	12
<u>Grenada</u>	25
RCG of Grenada	25
<u>Hancock</u>	18
BMA - South Miss Kidney Center - Bay St. Louis	14
BMA - South Miss Kidney Center - Kiln	4

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
<u>Harrison</u>	80
BMA - South Miss Kidney Center - Biloxi	20
BMA - South Miss Kidney Center - Gulfport	24
BMA - South Miss Kidney Center - Orange Grove	16
BMA - South Miss Kidney Center - D'Iberville	4
BMA - South Miss Kidney Center - North Gulfport	16
<u>Hinds</u>	211
FMC - Jackson	38
FMC of Southwest Jackson - Jackson	24
RCG of North Jackson	40
RCG of South Jackson	35
Renex Dialysis Facility of Speights Memorial - Jackson	18
University of Miss Medical Center Acute - Jackson	21
University Hospital & Clinics Transplantation	35
<u>Holmes</u>	15
RCG of Lexington	15
<u>Humphreys</u>	6
RCG of Belzoni	6
<u>Issaquena</u>	10
RCG of Mayersville	10
<u>Jackson</u>	43
Gambro Healthcare - Ocean Springs	17
Gambro Healthcare - Pascagoula	26
<u>Jasper</u>	21
Bay Springs Dialysis Unit - Bay Springs	21
<u>Jones</u>	30
Laurel Dialysis Center - Laurel	30
<u>Lafayette</u>	28
RCG of Oxford	28
<u>Lauderdale</u>	48
RCG of Meridian	48
<u>Lawrence</u>	6
Silver Creek Dialysis	6
<u>Leake</u>	10
FMCNA of Carthage	10
<u>Lee</u>	33
RCG of Tupelo	33

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

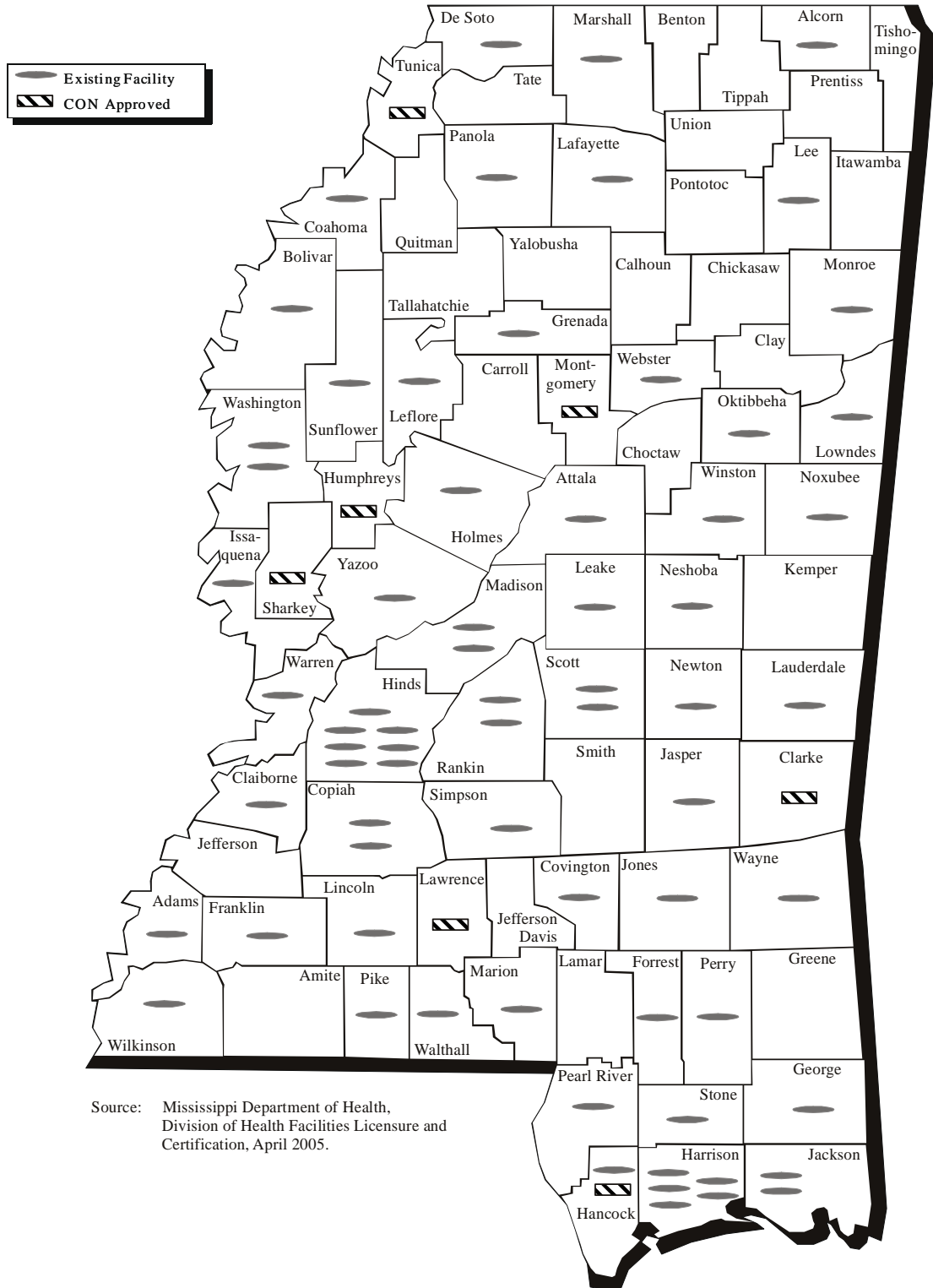
ESRD Facilities by County	Number of Certified and CON Approved Stations
<u>Leflore</u>	27
RCG of Greenwood	27
<u>Lincoln</u>	25
RCG of Brookhaven	25
<u>Lowndes</u>	35
RCG of Columbus	35
<u>Madison</u>	40
FMC - Canton	18
RCG of Canton	22
<u>Marion</u>	30
Columbia Dialysis Unit - Columbia	30
<u>Marshall</u>	14
RCG of Holly Springs	14
<u>Monroe</u>	26
RCG of Aberdeen	26
<u>Montgomery</u>	6
RCG of Montgomery County	6
<u>Neshoba</u>	30
RCG of Philadelphia	30
<u>Newton</u>	16
RCG of Newton	16
<u>Noxubee</u>	12
RCG of Macon	12
<u>Oktibbeha</u>	18
RCG of Starkville	18
<u>Panola</u>	24
RCG of Sardis	24
<u>Pearl River</u>	17
Pearl River Dialysis Center - Picayune	17
<u>Perry</u>	20
Richton Dialysis Unit	20
<u>Pike</u>	28
RCG of McComb	28

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
<u>Rankin</u>	19
RCG of Brandon	15
BMA of Brandon - Brandon	4
<u>Scott</u>	53
FMC - Forest	41
Central Dialysis Unit of Forest	12
<u>Sharkey</u>	10
RCG of Mayersville, LLC - Rolling Fork	10
<u>Simpson</u>	15
FMC - Magee	15
<u>Stone</u>	12
Wiggins Dialysis Unit - Wiggins	12
<u>Sunflower</u>	21
RCG of Indianola	21
<u>Tunica</u>	12
RCG of Tunica - Tunica	12
<u>Walthall</u>	20
Tylertown Dialysis Unit - Tylertown	20
<u>Warren</u>	23
RCG of Vicksburg	23
<u>Washington</u>	35
Mid-Delta Kidney Center, Inc	0
RCG of Greenville	35
<u>Wayne</u>	15
Waynesboro Renal Dialysis Unit - Waynesboro	15
<u>Webster</u>	13
RCG of Eupora	13
<u>Wilkinson</u>	17
RCG of Centerville	17
<u>Winston</u>	17
RCG of Louisville	17
<u>Yazoo</u>	14
FMC - Yazoo City	14
State Total	1,517

Map XIII - 4

End Stage Renal Disease Facilities



Source: Mississippi Department of Health,
Division of Health Facilities Licensure and
Certification, April 2005.

**Certificate of Need
Criteria and Standards
for
End Stage Renal Disease Facilities**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

**Policy Statement Regarding Certificate of Need Applications
for the Establishment of End Stage Renal Disease
(ESRD) Facilities**

1. Establishment of an ESRD Facility: The provision or proposed provision of maintenance dialysis services constitutes the establishment of an ESRD facility if the proposed provider has not provided those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered.
2. Annual Review Cycle: The MDH shall accept and process CON applications proposing the establishment of ESRD facilities in accordance with the following review cycle:
 - a. Applications may be submitted only during the period beginning July 1 and ending September 1 (5:00 p.m.) each year.
 - b. All applications received during this period (July 1 through September 1 each year) which are deemed "complete" by October 1 of the year of submission, will be entered into the 90-day review cycle (October-December cycle).
 - c. The State Health Officer will make CON decisions on "complete" applications in the month of December each year.
 - d. Any CON application received other than in accordance with the above review cycle shall not be accepted by the Department, but shall be returned to the applicant.
3. Type of Review: CON applications for ESRD services shall be considered substantive as defined under the appropriate *Mississippi State Health Plan*, and "complete" competing applications from the same ESRD Facility Service Area shall be batched.
4. ESRD Facility Service Area: An ESRD Facility Service Area is defined as the area within thirty (30) highway miles of an existing or proposed ESRD facility. ESRD Facility Service Areas, including the Service Areas of existing facilities which overlap with the proposed Service Area, shall be used for planning purposes.
5. CON Approval: A CON application for the establishment of an ESRD facility shall be considered for approval only when each individual facility within an applicant's proposed ESRD Facility Service Area has maintained, at a minimum, an annual or prorated utilization rate of 80 percent as verified by the MDH. The 12 months prior to the month of submission of the CON application shall be used to determine utilization, if such information is available and verifiable by the Department.
6. Need Threshold: For planning and CON purposes a need for an additional ESRD facility may exist when each individual operational ESRD station within a given ESRD Facility Service Area has maintained an annual utilization rate of 80 percent, i.e. an average of 749 dialyses per station per year.
7. Utilization Definitions:
 - a. Full Utilization: For planning and CON purposes, full (100 percent) utilization is defined as an average of 936 dialyses per station per year.
 - b. Optimum Utilization: For planning and CON purposes, optimum (75 percent) utilization is defined as an average of 702 dialyses per station per year.

- c. **Need Utilization:** For planning and CON purposes, need (80 percent) utilization is defined as an average of 749 dialyses per station per year.

These utilization definitions are based upon three (3) shifts per day six (6) days per week, or eighteen (18) shifts per week. Only equipment (peritoneal or hemodialysis) that requires staff assistance for dialysis and is in operation shall be counted in determining the utilization rate. Utilization of equipment in operation less than twelve (12) months shall be prorated for the period of time in actual use.

- 8. **Outstanding CONs:** ESRD facilities that have received CON approval but are not operational shall be considered to be operating at 50 percent, which is the minimum utilization rate for a facility the first year of operation.
- 9. **Utilization Data:** The Department may use any source of data, subject to verification by the Department, it deems appropriate to determine current utilization or projected utilization of services in existing or proposed ESRD facilities. The source of data may include, but is not limited to, Medicare Certification records maintained by the Division of Health Facilities Licensure and Certification, ESRD Network #8 data, and Centers for Medicare and Medicaid Services (CMS) data.
- 10. **Minimum Expected Utilization:** It is anticipated that a new ESRD facility may not be able to reach optimum utilization (75 percent) of four ESRD stations during the initial phase of operation. Therefore, for the purposes of CON approval, an application must demonstrate how the applicant can reasonably expect to have 50 percent utilization of a minimum of four ESRD stations by the end of the first full year of operation; 65 percent utilization by the end of the second full year of operation; and 75 percent utilization by the end of the third full year of operation.
- 11. **Minimum Size Facility:** No CON application for the establishment of a new ESRD facility shall be approved for less than four (4) stations.
- 12. **Non-Discrimination:** An applicant shall affirm that within the scope of its available services, neither the facility nor its staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.
- 13. **Indigent/Charity Care:** An applicant shall be required to provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
- 14. **Staffing:** The facility must meet, at a minimum, the requirements and qualifications for staffing as contained in 42 CFR 405.2100. In addition, the facility must meet all staffing requirements and qualifications contained in the service specific criteria and standards.
- 15. **Federal Definitions:** The definitions contained in 42 CFR 405.2100 through 405.2310 shall be used as necessary in conducting health planning and CON activities.
- 16. **Affiliation with a Renal Transplant Center:** ESRD facilities shall be required to enter into a written affiliation agreement with a renal transplant center.

Certificate of Need Criteria and Standards for End Stage Renal Disease (ESRD) Facilities

The Mississippi Department of Health will review applications for a Certificate of Need for the establishment of an ESRD facility under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

When a provider proposes to offer ESRD services in an ESRD facility service area where he does not currently provide services or proposes to transfer an existing ESRD unit(s) from a current location into a different ESRD facility service area, it will constitute the establishment of a new ESRD health care facility. (**Note:** The transfer of dialysis stations from an existing ESRD facility to any other location is a relocation of a health care facility or portion thereof and requires Certificate of Need review. Likewise, new dialysis stations placed into service at a site separate and distinct from an existing ESRD facility constitutes the establishment of a new health care facility and requires Certificate of Need review. Dialysis stations placed into service in an individual patient's home or residence, solely for the treatment of the individual patient concerned, are exempt from this regulation.)

Establishment of an End Stage Renal Disease (ESRD) Facility

1. **Need Criterion:** An applicant proposing the establishment of a limited care renal dialysis facility or the relocation of a portion of an existing ESRD facility's dialysis stations to another location shall demonstrate, subject to verification by the Mississippi Department of health, that each individual existing ESRD facility in the proposed ESRD Facility Service Area has (a) maintained a minimum annual utilization rate of eighty (80) percent, or (b) that the location of the proposed ESRD facility is in a county which does not currently have an existing ESRD facility but whose ESRD relative risk score using current ESRD Network 8 data is 1.5 or higher. Eligible counties based on this (b) criterion presently include: Humphreys, Jefferson, Montgomery, and Tallahatchie. **Note:** ESRD Policy Statements 2, 4, 5, and 6 do not apply to criterion 1(b).
2. Number of Stations: The applicant shall state the number of ESRD stations that are to be located in the proposed facility. No new facility shall be approved for less than four (4) dialysis stations.
3. Minimum Utilization: The application shall demonstrate that the applicant can reasonably expect to meet the minimum utilization requirements as stated in ESRD Policy Statement #10.
4. Minimum Services: The application shall affirm that the facility will provide, at a minimum, social, dietetic, and rehabilitative services. Rehabilitative services may be provided on a referral basis.
5. Access to Needed Services: The application shall affirm that the applicant will provide for reasonable access to equipment/facilities for such needs as vascular access and transfusions required by stable maintenance ESRD patients.

6. Hours of Operation: The application shall state the facility's hours of operation each day of the week. The schedule should accommodate patients seeking services after normal working hours.
7. Home Training Program: The application shall affirm that the applicant will make a home training program available to those patients who are medically eligible and receptive to such a program. The application shall affirm that the applicant will counsel all patients on the availability of and eligibility requirements to enter the home/self-dialysis program.
8. Indigent/Charity Care: The application shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care. The application shall also state the amount of indigent/charity care the applicant intends to provide.
9. Facility Staffing: The application shall describe the facility's staffing by category (i.e., registered nurse, technologist, technician, social worker, dietician) as follows:
 - a. Qualifications (minimum education and experience requirements)
 - b. Specific Duties
 - c. Full Time Equivalents (FTE) based upon expected utilization
10. Staffing Qualifications: The applicant shall affirm that the staff of the facility will meet, at a minimum, all requirements and qualifications as stated in 42 CFR, Chapter IV, Subpart U.
11. Staffing Time:
 - a. The applicant shall affirm that when the unit is in operation, at least one (1) R.N. will be on duty. There shall be a minimum of two (2) persons for each dialysis shift, one of which must be an R.N.
 - b. The applicant shall affirm that the medical director or a designated physician will be on-site or on-call at all times when the unit is in operation. It is desirable to have one other physician to supplement the services of the medical director.
 - c. The applicant shall affirm that when the unit is not in operation, the medical director or designated physician and a registered nurse will be on-call.
12. Data Collection: The application shall affirm that the applicant will record and maintain, at a minimum, the following utilization data and make this data available to the Mississippi Department of Health as required. The time frame for the submission of the utilization data shall be established by the Department.
 - a. Utilization data, e.g., days of operation, shifts, inventory and classification of all stations, number of patients in dialysis, transplanted, or expired.
 - b. The number of charity/indigent patients (as defined in this *Plan*) served by the facility and the number of dialysis procedures provided to these patients free of charge or at a specified reduced rate.
13. Staff Training: The application shall affirm that the applicant will provide an ongoing program of training in dialysis techniques for nurses and technicians at the facility.

14. Scope of Privileges: The applicant shall affirm that the facility shall provide access to doctors of medicine or osteopathic medicine licensed by the State of Mississippi who possess qualifications established by the governing body of the facility.
15. Affiliation with a Renal Transplant Center: The applicant shall affirm that within one year of commencing operation the facility will enter into an affiliation agreement with a transplantation center. The written agreement shall describe the relationship between the transplantation facility and the ESRD facility and the specific services that the transplantation center will provide to patients of the ESRD facility. The agreement must include at least the following:
 - a. time frame for initial assessment and evaluation of patients for transplantation,
 - b. composition of the assessment/evaluation team at the transplant center,
 - c. method for periodic re-evaluation,
 - d. criteria by which a patient will be evaluated and periodically re-evaluated for transplantation, and
 - e. signatures of the duly authorized persons representing the facilities and the agency providing the services.
 - f. Furthermore, the application shall affirm that the applicant understands and agrees that failure to comply with this criterion may (after due process) result in revocation of the Certificate of Need.

Establishment of a Renal Transplant Center

1. **Need Criterion: The applicant shall document that the proposed renal transplant center will serve a minimum population of 3.5 million people.**
2. The applicant shall document that the proposed facility will provide, at a minimum, the following:
 - a. medical-surgical specialty services required for the care of ESRD transplant patients;
 - b. acute dialysis services;
 - c. an organ procurement system;
 - d. an organ preservation program; and
 - e. a tissue typing laboratory.
3. The applicant shall document that the facility will perform a minimum of 25 transplants annually.